External Quality Review
State Of Connecticut

April 8, 2005

Mercer Government Human Services Consulting

Phoenix

Compliance Review Follow Up
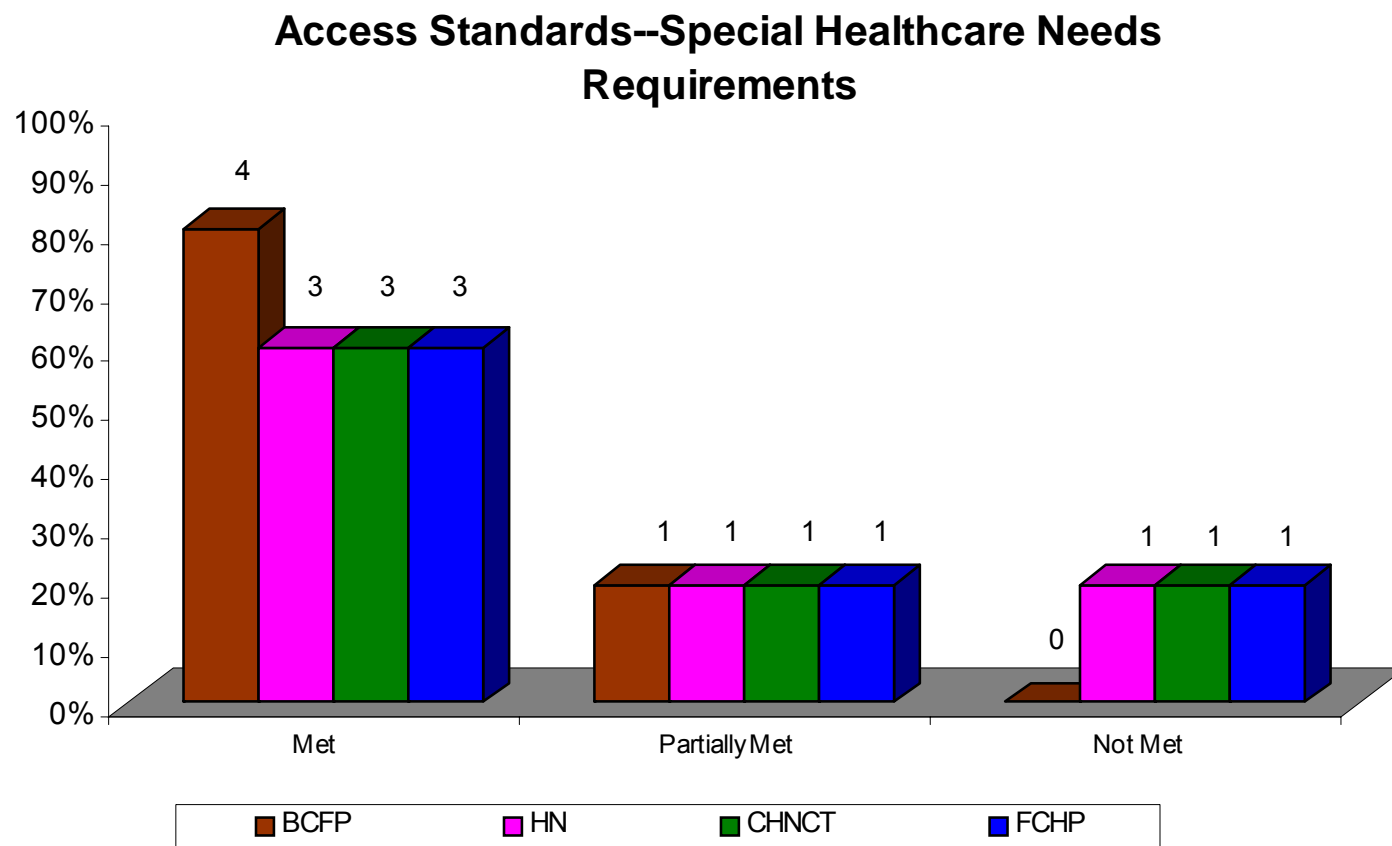
- Performance Improvement Projects (PIPs)
- Performance Measurement (PM)
- Focused Studies
- Activities for 2006

Quality

Special Healthcare (SHCN) Requirements

Access Standards--Special Healthcare Needs Requirements

Emergency and Post-Stabilization Services

Access Standards--Emergency/Post-Stabilization
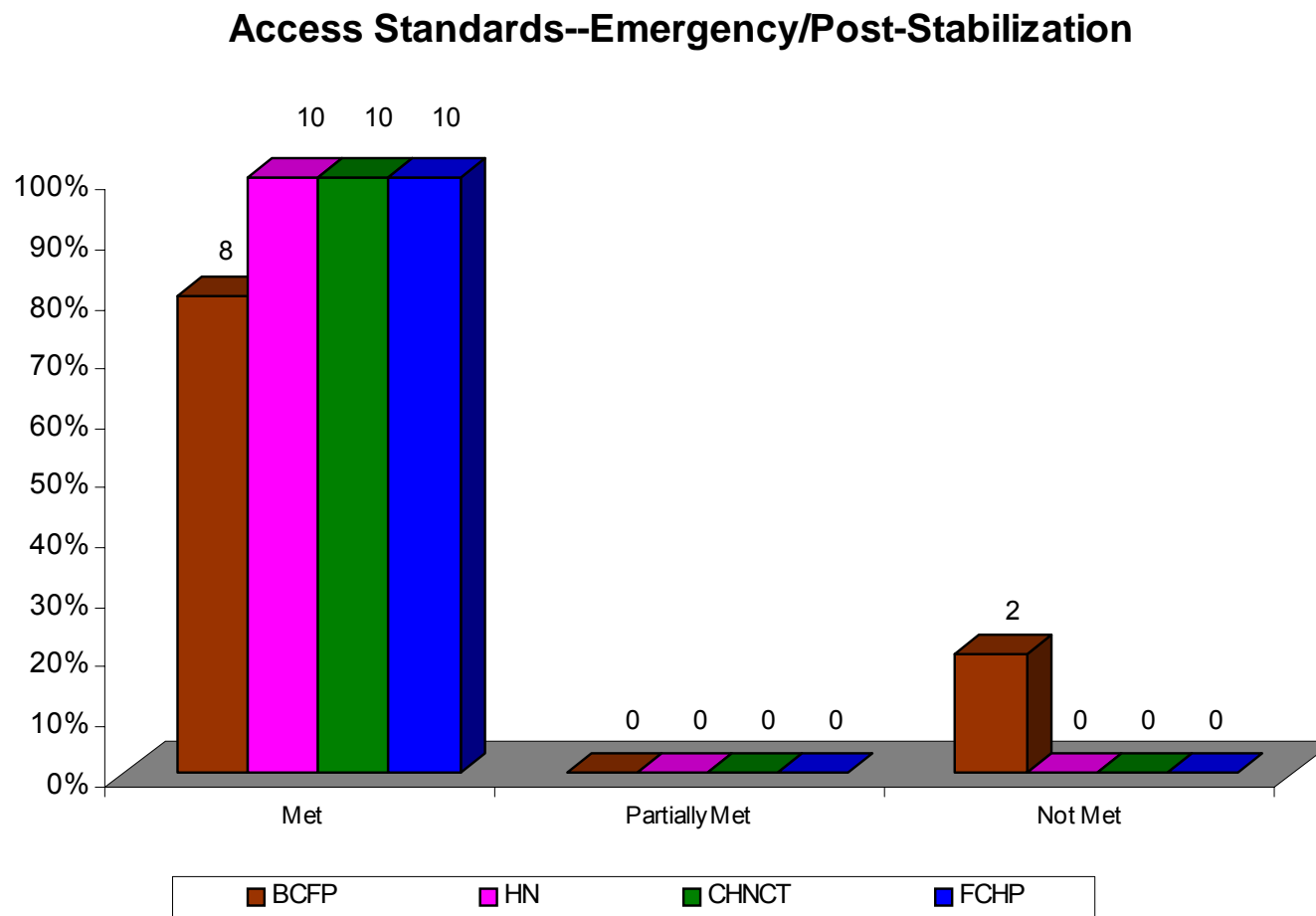
Quality Assessment Performance Improvement (QAPI) Program

QAPI Program

Performance Measurement Validation

Calculation of Performance Measures
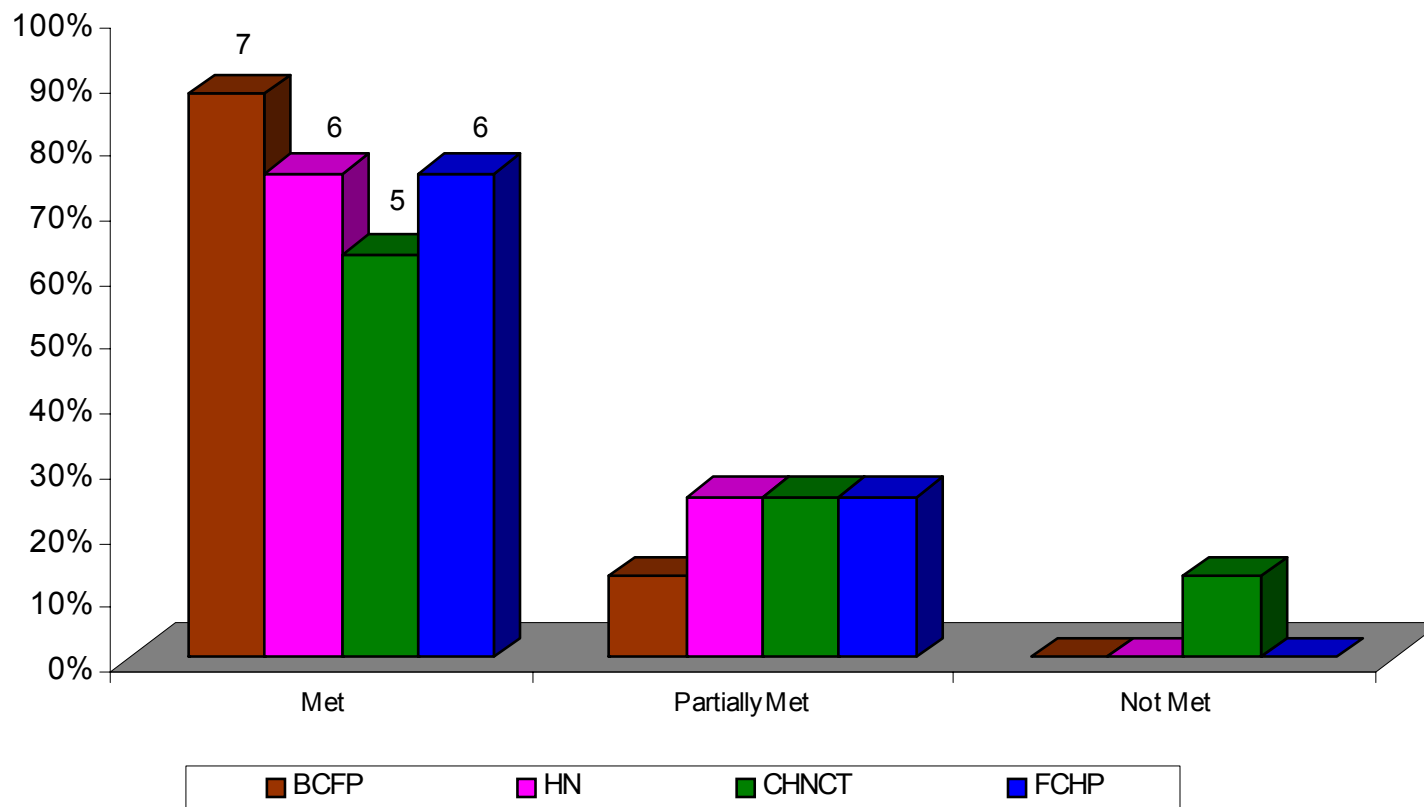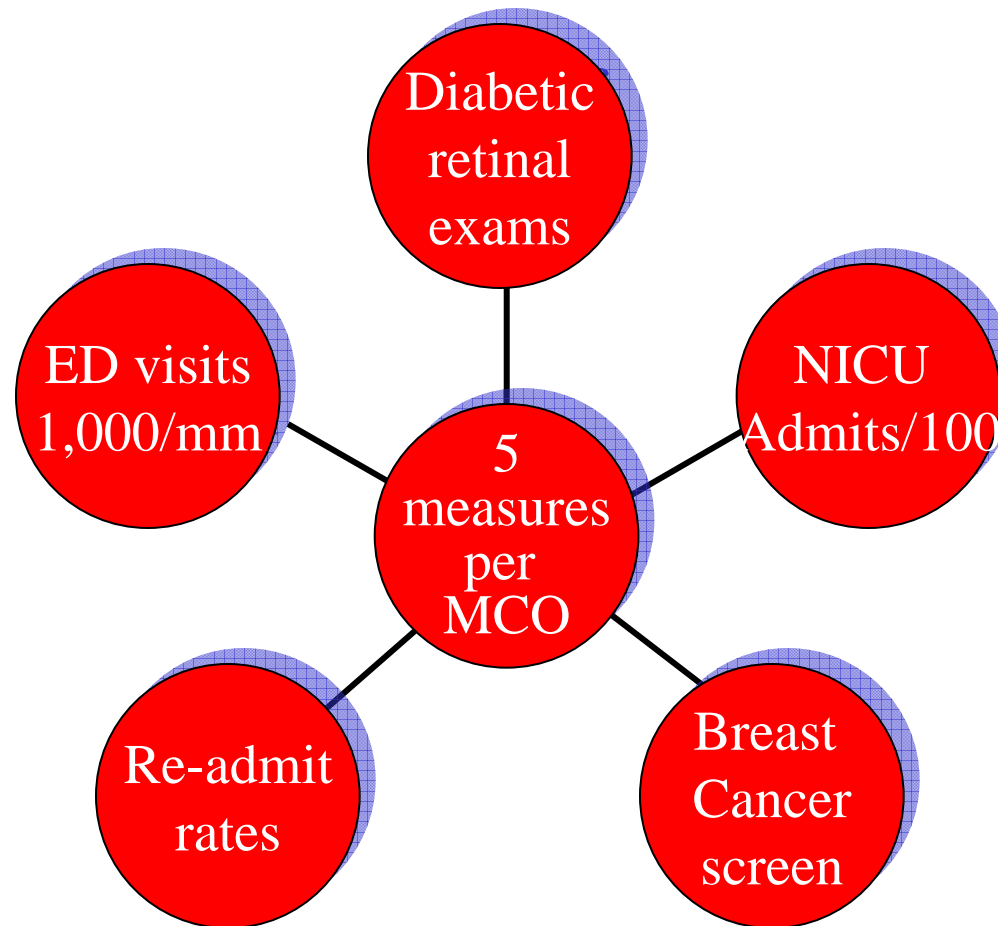
Calculation of Performance Measures

Measure	BCFP	HN	CHNCT	FCHP	Benchmark
NICU Admits Per 100 births	8.65%	11.05%	13.86%	9.87%	National: 8-12% State average: 10.65%
ED visits Per 1,000 Member Months	648	480	696	720	HEDIS: 504 State average: 600
Readmission rates	.78%	.66%	.88%	7.02%	State average: 1.16%
Diabetic Retinal Exams	13.38%	16.87%	12.71%	16.77%	HEDIS: 45.01% Healthy People 2010: 75% State average: 14.72%
Breast Cancer Screening/ Mammograms	30.80%	32.72%	32.26%	22.55%	HEDIS: 55.83% Healthy People 2010: 70% State average: 31.4%

Performance Improvement Projects (PIPs)

BCFP

	Year			Health Plan Goal	National Benchmark
	2001	**2002**	**2003**		
Improving Outcomes in Asthma					
Use of Appropriate Medications	53.5%	56.5%	55.6%	61.0%	64.18%
Members hospitalized for Asthma	9.0%	9.7%	6.8%	7.6%	7.7
Members with at least one ED visit for Asthma	29.5%	29.0%	24.7%	24.0%	50
Improving Outcomes in Cervical Cancer					
Improve Screening Rates	32.2%	40.6%	41.8%	42%	63.77%
Improving Outcomes in Breast Cancer					
Improve Screening Rates	29.7%	32.5%	30.6%	31%	55.83% 70%

HealthNet

	Year			
	2002	**2003**	**Change**	**National Benchmark**
Improving Outcomes in Asthma				
Use of Appropriate Medications	54.27%	62.57%	8.30%	64.18%
Improving Outcomes in Adolescent Well Care				
Increase Well Care Visits	41.54%	48.15%	6.61%	37.42%
Increase Adolescent Immunization Status				
MMR	70.79%	73.89%	3.10%	71%
Hepatitis B	47.20%	57.58%	10.38%	56.07%
Varicella	51.87%	63.17%	11.08%	44%
Combo 1	43.93%	55.10%	11.08%	51.75%
Combo 2	33.18%	48.02%	14.84%	33.82%
Improving Breast Cancer Screening Rates				
Improve Rates	63.57%	58.04%	-5.53%	55.83% 70%

	Year					**Health Plan Goal**	**National Benchmark**
	1999	**2000**	**2001**	**2002**	**2003**		
Improving Outcomes in High Risk Pregnancies							
Mothers receiving ≥81% of prenatal visits	75%	84%	83%	87%	86%	90%	48.03% 90%
Decrease rate of low birthweight babies	9.8%	9.6%	7.5%	9.3%	9.3%	5%	5%
Increase timely post-partum visits	58%	65%	56%	63%	59%	70%	55.15%

	Year			**Health Plan Goal**	**National Benchmark**
	2002	**2003**	**2004**		
Improving Outcomes in Adolescent Well Care					
Increase Well Care Visits	49.7%	53.1%	53.8%	80%	37.42
Improving Breast Cancer Outcomes					
Improve Screening Rates for ages 40+	32.10%	30.21%		80%	70%
Improve Screening Rates for ages 52-69	49.08%	66.67%	61.4%	80%	55.83%

FirstChoice

	Year			
	2002	**2003**	**Health Plan Goal**	**National Benchmark**
Improving Outcomes in Asthma				
Members hospitalized for asthma	112	71	None given	7.7
Members with at least one ED visit for asthma	275	505	-10%	50
Improving Outcomes in Adolescent Well Care				
Compliance of EPSDT screening	69%	59.33%*	80%	
Improving Outcomes in High Risk Pregnancies				
Women who have 81%+ of expected prenatal visits	Unknown	Unknown	80%	48.03% 90%
Women who have a post-partum visit 21-56 days after delivery	Unknown	Unknown	85%	55.15%

* These are results from 3 quarters versus 1 year.

Best Practices

Best Practices

BCFP: HealthReach
Internally integrated Outreach Services

CHNCT: Comprehensive daily welcome call
process and Cultural Sensitivity Document

BCFP & HN: Both MCOs had a thorough process
for notifying members of providers
terminating from the network

BCFP: Internally integrated
Care Management Program

BCFP: Comprehensive Clinical Guideline Process

Recommendations

Recommendations for Presentation Topics

- **Special Healthcare Needs (SHCN)**
    - **BCFP/HN/CHNCT/BCFP**: develop a process to proactively share with other MCOs, PIHPs, or PAHPs serving all enrollee needs the results of its identification and assessment of the enrollee's needs to prevent duplication of those activities.
    - **CHNCT**: enhance CM/DM programs and better coordinate the services furnished to the enrollee with chronic diseases
    - **FCHP**: the current process of performing outreach and assessment of new members should be more robust

- **Emergency and Post-Stabilization Services**
    - **BCFP**: currently using a list and administrative staff to deny cases for payment related to ED procedures; lists cannot be used to deny ED services
    - **BCFP**: develop a P&P to inform providers and fiscal agents a minimum of 10 days prior to payment denials for lack of notification

- **QAPI**
    - **HN**: develop an early HRA initiative to ensure that information is gathered timely to identify and interact with members with chronic diseases
    - **HN**: develop a monitoring process for vendors and providers to assure delivery of care in a culturally-competent manner
    - **CHNCT/HN/FCHP**: identify a reporting format for PIPs that addresses all required components of a QAPI project, apply scientific rigor to the rationale, approach, and analysis of results, and to document chronologically the study process, goals, results, analysis, and interventions of the PIPs

Focused Studies

- Children with SHCNs: Access to Care and Utilization of Services by Children in Foster Care

- Childhood Obesity and Diabetes Type II: Identification of children and adolescents with diagnosis of "overweight" and "diabetes" with analysis of care and service utilization patterns

Activities for 2006

- **MCO Compliance Review:**
  - Quality, Access, Timeliness
  - Workplan – 2005 Recommendations

- **Mystery Shopper: Access to Services**
  - Assess to care from enrollee's point of view:
    - Appointment availability of specialty providers
    - Quality of customer service
  - Calls to providers with follow-up calls to MCOs, and initial calls to MCOs